

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937687

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4		3		3		
5		0		2		
6		0		2		
7		0		2		
8		0		2		
9		1		2		
10	1		1			
11		1		1		
12				2		
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			17			
TOTAL CLAIMS			20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831